

# WtW

## Welfare to Work Program

THE INFORMATION BELOW IS CONFIDENTIAL

It is NOT available to the staff of Section 8 and Public Housing Programs

*If you are a person with disabilities and need assistance in completing these forms or any other part of the process, please alert your orientation leader*

### SELF-EVALUATION

- I. HOUSEHOLD COMPOSITION:** List ALL persons in your household showing the head of the household first. Use the correct legal name for each person as it appears on their social security card.

Family Members *List Adults First	Date of Birth	Relationship to Head of Household	Social Security #	Name of Child's School and School District
*				
*				

Address:	
City:	Zip Code:
Residence Phone: (    )	Cell Phone: (    )
Message Phone: (    )	Work Phone: (    )

**TOTAL HOUSEHOLD INCOME:** List ALL money earned or received by everyone in your household.

Name	Employer	Total Monthly Wages	CalWORKs Public Assistance	Monthly Child Support	Monthly Social Security (SSI)	Monthly Unemployment Benefits	Other monthly income sources

Are you claiming the Earned Income Credit when filing your tax returns?

☐ Yes

☐ No

Are you receiving food stamps?

☐ Yes

☐ No

Are you receiving MediCal?

☐ Yes

☐ No

If not, what kind of health coverage do you have?

\_\_\_\_\_  
Name of Insurance

# FSS

## Family Self-Sufficiency

THE INFORMATION BELOW IS CONFIDENTIAL

It is NOT available to the staff of Section 8 and Public Housing Programs

*If you are a person with disabilities and need assistance in completing these forms or any other part of the process, please alert your orientation leader*

### SELF-EVALUATION

- I. HOUSEHOLD COMPOSITION:** List **ALL** persons in your household showing the **head of the household first**. Use the correct legal name for each person as it appears on their social security card.

Family Members *List Adults First	Date of Birth	Relationship to Head of Household	Social Security #	Name of Child's School and School District
*				
*				

Address:	
City:	Zip Code:
Residence Phone: (    )	Cell Phone: (    )
Message Phone: (    )	Work Phone: (    )

**TOTAL HOUSEHOLD INCOME:** List **ALL** money earned or received by everyone in your household.

Name	Employer	Total Monthly Wages	CalWORKs Public Assistance	Monthly Child Support	Monthly Social Security (SSI)	Monthly Unemployment Benefits	Other monthly income sources

Are you claiming the Earned Income Credit when filing your tax returns?

☐ Yes

☐ No

Are you receiving food stamps?

☐ Yes

☐ No

Are you receiving MediCal?

☐ Yes

☐ No

If not, what kind of health coverage do you have?

Name of Insurance

**CLIENT PROFILE**

(1) Is English a second language for you?

☐ Yes

☐ No

If yes, what is your first language? \_\_\_\_\_

(a) Are you taking or have you taken English as a Second Language (ESL) or bilingual classes?

☐ Yes

☐ No

If yes, where? \_\_\_\_\_

What level attained? \_\_\_\_\_

(b) How would you rate yourself in English language skills?

(Check all those that apply to you.) I can:

☐ understand spoken English

☐ respond or speak in English

☐ write and read in English

☐ translate in English

(2) Were you homeless or in a shelter within the past year?

☐ Yes

☐ No

(3) How long have you lived at your current address?

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (yrs/mos)

(4) How long have you lived in Santa Clara County:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ (yrs/mos)

(5) Do you have reliable transportation?

☐ Yes

☐ No

If yes, what kind? \_\_\_\_\_

(a) Do you have a valid California Driver's License?

☐ Yes

☐ No

(b) Do you own an automobile?

☐ Yes

☐ No

(c) Do you have auto insurance?

☐ Yes

☐ No

(d) How is your driving record?

☐ Good

☐ Not so good

If not so good, why \_\_\_\_\_

(e) Do you live near a bus route or other public transportation?

☐ Yes

☐ No

**LEGAL CONCERNS**

(6) Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, When: \_\_\_\_\_

Month/Year

Reason: ☐ Alcohol

☐ For Drugs:

☐ Other: \_\_\_\_\_

(7) Have you ever been convicted of a crime?

☐ Yes

☐ No

If yes, answer (a) and (b)

(a) ☐ Felony ☐ Misdemeanor Explain: \_\_\_\_\_

(b) Are you on probation/parole?

☐ Yes

☐ No

If yes, explain: \_\_\_\_\_

(8) Do you have any other legal concerns we should be aware of?

☐ Yes

☐ No

☐ Divorce

☐ Child custody

☐ Child support

☐ Other \_\_\_\_\_

☐ Wages attachment

☐ Bankruptcy

☐ Collection problems for past due bills

(9) Do you have any pending court cases or outstanding warrants?

☐ Yes

☐ No

If yes, explain \_\_\_\_\_

### HEALTH INFORMATION

(10) (a) Do you have any medical or dental problems that are pending or ongoing for yourself that will affect your participation in employment?

☐ Yes

☐ No

(b) Do you have any medical or dental problems that are pending or ongoing for your children that will affect your ability to work?

☐ Yes

☐ No

If yes, what problems \_\_\_\_\_

For whom? ☐ Self

☐ Spouse

☐ Child

(11) Do you have any problems with your vision?

☐ Yes

☐ No

If yes, describe \_\_\_\_\_

(12) Are you color blind?

☐ Yes

☐ No

If yes, describe the degree of this problem \_\_\_\_\_

(13) When was your last eye examination? \_\_\_\_\_

(14) Do you have problems with your hearing?

☐ Yes

☐ No

If yes, describe \_\_\_\_\_

(15) When was your last hearing examination? \_\_\_\_\_

(16) Do you have allergies?

☐ Yes

☐ No

If yes, how does this affect your ability to work or go to school? \_\_\_\_\_

(17) Have you ever been hospitalized for anything other than pregnancy?

☐ Yes

☐ No

If yes, please specify when and for how long \_\_\_\_\_

(18) Have you ever been hospitalized for emotional problems?

☐ Yes

☐ No

If yes, please specify when and for how long \_\_\_\_\_

Are you currently in counseling?

☐ Yes

☐ No

(19) Have you ever had any serious injuries or illness?

☐ Yes

☐ No

If yes, please describe \_\_\_\_\_

(20) Are you taking any prescribed medication?

☐ Yes

☐ No

If yes, please tell what it is for:

Name of medication \_\_\_\_\_ Purpose \_\_\_\_\_

Name of medication \_\_\_\_\_ Purpose \_\_\_\_\_

Name of medication \_\_\_\_\_ Purpose \_\_\_\_\_

(21) Are you or have you ever been a client of the Department of Rehabilitation?

☐ Yes

☐ No

If yes, the year: \_\_\_\_\_ Counselor's Name \_\_\_\_\_

Office \_\_\_\_\_

Describe the nature of your disability: \_\_\_\_\_

\_\_\_\_\_

Describe what medication, if any, you are required to take: \_\_\_\_\_

\_\_\_\_\_

(22) Do you have any physical limitations that affect your training or job?

☐ Yes

☐ No

If yes, describe \_\_\_\_\_

(23) Based on your current health condition, do you think you would be able to work at this time?

☐ Yes

☐ No

If no, please tell us the reason why \_\_\_\_\_

\_\_\_\_\_

## EXPENSES

(24) What are your **REGULAR** monthly expenses?

(List them)

Rent \$ \_\_\_\_\_

Food \$ \_\_\_\_\_

Auto Loan \$ \_\_\_\_\_

Auto Insurance \$ \_\_\_\_\_

Utilities \$ \_\_\_\_\_

Cable Company \$ \_\_\_\_\_

Phone bill \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Education \$ \_\_\_\_\_

Childcare \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Expenses:** \$ \_\_\_\_\_

(25) List all long-standing **DEBTS** and the amount you owe:

Child support/alimony \$ \_\_\_\_\_

Credit cards/department stores \$ \_\_\_\_\_

Financial Aid (Institution: \_\_\_\_\_) \$ \_\_\_\_\_

Mail order \$ \_\_\_\_\_

Medical/Dental \$ \_\_\_\_\_

Utilities (gas, electric, water, garbage, phone) \$ \_\_\_\_\_

Welfare \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Total Debt:** \$ \_\_\_\_\_

## EDUCATIONAL INFORMATION

- (26) Are you currently attending school? If yes, where: \_\_\_\_\_  
 Course of study \_\_\_\_\_  
 Highest grade completed \_\_\_\_\_  
 Did you receive your high school diploma? ☐ Yes ☐ No  
 Did you receive your GED? ☐ Yes ☐ No  
 Additional certificates and/or licenses \_\_\_\_\_

- (27) Can you indicate your attendance pattern in school? (**Good, Average or Poor**)

Elementary \_\_\_\_\_  
 Middle School \_\_\_\_\_  
 High School \_\_\_\_\_

- (28) What was the most frequent reason for your absence?

☐ Illness      ☐ Lack of interest      ☐ Moving  
☐ Work      ☐ Taking care of siblings      ☐ Other (list below)

- (29) Has anyone in your immediate family experienced learning problems in school? \_\_\_\_\_

- (30) Have you ever been identified as in need of special education or a remedial class? ☐ Yes ☐ No ☐ Don't know

**If yes, then complete the following section:**

	<u>Grade</u> <u>Began</u>	<u>Grade</u> <u>Ended</u>	<u>Comments</u>
Learning disabled	_____	_____	_____
Speech or language impaired	_____	_____	_____
Visually impaired	_____	_____	_____
Hearing impaired	_____	_____	_____
Developmentally disabled	_____	_____	_____
Were you in counseling?	_____	_____	_____
For what reason?	_____	_____	_____
Behavior disorder	_____	_____	_____
Remedial or special reading (e.g. Title I, Chapter I)	_____	_____	_____
Other class (specify)	_____	_____	_____

- (31) Is there anything you would like to add that would help us know you and your employment goals better?

(32) What special skills or hobbies do you have that you could use on a job?

---

---

---

(33) Have you ever received training? Include all schools (vocational, public and private), on-the-job training and employer-provided training.

Date \_\_\_\_\_ Program Name \_\_\_\_\_

Training received \_\_\_\_\_

(34) Have you participated in career, vocational or assessment tests?

Date                      Testing Program                      Test

---

---

(35) Based on the information you have provided, what job skills have you developed as a result of past education, training or employment?

---

**Office Use Only - Do NOT Write  
in this Section**

(36) **CHECK THE AREAS YOU THINK WILL  
PREVENT YOU FROM GETTING  
EMPLOYMENT**

**PLAN OF SERVICE**

- ☐ Difficulty reading English
- ☐ Difficulty writing English
- ☐ Chemical Dependency
- ☐ Lack of Basic Education
- ☐ Ex-Offender or Parolee
- ☐ Lack of Vocational Skills
- ☐ Legal Problems
- ☐ Lack of Work Experience
- ☐ Child/Family Care
- ☐ Lack of Job Search Skills
- ☐ Transportation Problem
- ☐ Lack of Funds
- ☐ Lack of High School Diploma
- ☐ Proper Clothing
- ☐ Lack of Telephone
- ☐ Other \_\_\_\_\_

- ☐ Occupational Skill Training
- ☐ Personal Counseling
- ☐ Remedial or Basic Education
- ☐ Vocational/Career Counseling
- ☐ GED Preparation
- ☐ Job Development/Referrals
- ☐ Work Experience
- ☐ Try-out Employment
- ☐ School-to-Work Transition
- ☐ Pre-Employment/Work Maturity
- ☐ On-the-Job Training
- ☐ High School Diploma
- ☐ Small Business Training
- ☐ Post Secondary Education
- ☐ Other \_\_\_\_\_

Comments \_\_\_\_\_



## EMPLOYABILITY DEVELOPMENT PLAN

(37) Are you currently participating in CalWORKs?

☐ Yes

☐ No

If yes, check the activities completed:

☐ Job Club

☐ ESL

☐ Remedial Education

☐ Job Search

☐ GED

☐ Assessment

☐ Employment

☐ Other \_\_\_\_\_

## EMPLOYMENT INFORMATION

(38) Are you currently working?

☐ Yes

☐ No

If yes, ☐ Full time

☐ Part time

Hours per week \_\_\_\_\_

List your last three (3) jobs **STARTING WITH YOUR CURRENT JOB:**

Employer	Job Title	From	To	Wage	Duties	Reason for Leaving

(39) What are your:

Short Term Goal(s): \_\_\_\_\_

Long Range Goal(s): \_\_\_\_\_

(40) Do you need any type of special counseling?

Financial?

☐ Yes

☐ No

Personal/Family?

☐ Yes

☐ No

Substance Abuse

☐ Yes

☐ No

Domestic Violence

☐ Yes

☐ No

(41) List the workshops you feel you need:

☐ Time management

☐ Parenting or working with teenagers

☐ Parents rights in your child's school

☐ Assertiveness training

☐ Budgeting

☐ Nutrition

☐ Staying healthy

☐ Tenant rights and responsibilities

☐ General maintenance of the home

☐ Locating scholarships for myself or my children

☐ Preparing a resume

☐ Job search

☐ Reducing stress

☐ Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## RESIDENTIAL ENERGY ASSISTANCE CHALLENGE OPTION (REACH)

You may qualify for assistance with your PG&E bill. If you are interested, please complete the following:

(42) Have you lived in your current housing  
for at least 12 months? ☐ Yes ☐ No

(43) Date you moved into current housing \_\_\_\_\_

(44) Are your PG&E bills more than you can afford? ☐ Yes ☐ No

(45) Are you an AFDC or TANF recipient? ☐ Yes ☐ No

(46) Is English your second language? ☐ Yes ☐ No

(47) Have you ever applied for help with your PG&E  
bill through the HEAP Program? ☐ Yes ☐ No

(48) Have you been considered low-income for other  
programs? ☐ Yes ☐ No

1

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

FSS/SELFEVAL 1/94 (Rev 5/98)